

tus, greater work-related impairments, and increased health care resource use. Given the additional burden of this comorbidity, the management of dyspepsia among patients with AF should be a greater area of focus.

## PCV98

## HEALTH RELATED QUALITY OF LIFE AND AGE IN HYPERTENSIVE PATIENTS: SELF-PERCEPTION AND EVALUATION BY PROFESSIONALS. THE EQUALITY STUDY

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**OBJECTIVES:** To analyse the association between Health Related Quality of Life (HRQoL) and age, in hypertensive patients and the correlation between HRQoL reported by patients and evaluated by their doctors. **METHODS:** Observational, cross-sectional, multi-centre study, in Primary and Specialised Care. Inclusion of 5,031 hypertensive patients, selected by quotes according to three age groups (<65, 65–79, ≥ 80 years) was planned. Selection criteria were: patients whose age was over 18, diagnosed as having hypertension at least one year before inclusion and attended a follow-up visit. Information related to hypertension, basic socio-demographic and clinical data, the self-administered specific questionnaire MINICHAL for the evaluation of HRQoL (higher scores indicative of lower HRQoL), and a visual analogue scale (VAS) for the general evaluation of HRQoL (higher scores indicative of higher HRQoL) by patients and doctors, were recorded. Data of 4,346 eligible patients were included. HRQoL-age correlation was analysed by Spearman's-rho, differences among age groups by Kruskal-Wallis and patient/doctor agreement by the intraclass correlation coefficient (ICC). **RESULTS:** Mean age (SD) was 68.35(12.60). 38.1% of patients were under 65, 36.9% between 65 and 80 and 25.0% were over 80 years old. 54.5% were men. Mean time since diagnosis was 10.33(7.68) years. 34.2% had a family history of high blood pressure. Mean scores in MINICHAL were: State of Mind dimension 8.07(5.83), Somatic Manifestations dimension 3.24(3.06). Worsening of both dimensions was found when comparing groups of higher age ( $p<0.001$ ) as well as significant moderate correlations of both dimensions with age (0.335,  $p<0.001$ ; 0.397  $p<0.001$ ). Mean(SD) VAS score for doctors' evaluation was 66.84(15.82) and 63.93(18.46) that of patients; ICC for agreement was 0.697 (0.672, 0.687 and 0.663 by age groups). **CONCLUSIONS:** An impact of age on HRQoL worsening is evidenced. Patient/doctor agreement in the evaluation of HRQoL is adequate; however doctors trend to overestimate the HRQoL of patients.

## PCV99

## EQ-5D UTILITIES IN PATIENTS HOSPITALISED WITH HEART FAILURE IN CANARY ISLANDS

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**OBJECTIVES:** To determine the health related quality of life (HRQOL) of patients with heart failure (HF) hospitalized in the Canary Islands and to estimate their utilities by analyzing the influence of sociodemographic and clinical factors such as gender or severity according to New York Heart Association (NYHA) classification. A secondary objective is to obtain utilities to be used in an economic model to evaluate a cardiac device. **METHODS:** Descriptive analysis within a prospective observational multicenter study of a cohort of patients with HF admitted to cardiology or internal medicine units at several hospitals in the Canary Islands, Spain. HRQOL was assessed using the EQ-5D questionnaire among others. Utility was estimated for the entire sample and for subgroups of patients, using the Spanish tariffs VAS (visual analog scale) and TTO (time trade-off). **RESULTS:** We present the results of a sample of 176 patients enrolled so far (51% male, mean age 74 years). Average utility (SD) of the entire sample is 0.5297 (0.2107) (VAS rate). Women reported poorer HRQOL than men (0.5182 vs. 0.5421); HRQOL is lower in health states of lower functional capacity: 0.6400 in patients with NYHA-I and 0.4491 in patients with NYHA-III. **CONCLUSIONS:** Differences between sub-groups and overall low HRQOL were observed, possibly due to the hospitalization of surveyed patients. These local findings coincide with the international literature and may be useful for developing the economic model.

## PCV100

## COMPARISON OF HEALTH-RELATED WORK IMPAIRMENT IN RUSSIAN PATIENTS WITH US AND SEU

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**OBJECTIVES:** To compare work productivity impairment between Russian patients with those in the SEU and US and assess whether conditions have similar impact across these geographies. **METHODS:** The study included data from the 2011 Russia (N=10,039), US (N=75,000), and SEU (N= 57,512) National Health and Wellness Survey, a survey representative of urban adults in Russia and total adult populations of the US and each SEU country. Respondents self-reported physician diagnosis of type 2 diabetes (T2D) and cardiovascular (CV) conditions, as well as their height and weight used to calculate obesity (BMI≥30). Work productivity impairment and impairment in non-work activities was assessed with the Work Productivity and Activity Impairment (WPAI) questionnaire. Two-way ANOVAs tested for differences in work productivity impairment by geography and condition. **RESULTS:** There were regional differences in mean health-related work impairment, with Russia the highest (22.6%), followed by SEU (19.4%) and US (14.9%;  $p<0.001$ ). Collapsing across geographies, obesity, T2D, and CV conditions were

each associated with more impaired work productivity (all  $ps<0.01$ ), but the magnitude of the decrement associated with each disease depended on region (all  $ps<0.01$ ). The incremental work productivity loss associated with obesity was smallest in Russia (1.5%), compared with SEU (3.9%) and US (2.7%). T2D patients in Russia and SEU experienced similar incremental work productivity impairment (8.5%), while US T2D patients showed a difference of 5.0%. Similarly, Russians with CV conditions were more impaired than in SEU and US when compared with non-CV patients (8.1% vs. 7.1% and 4.4%, respectively). **CONCLUSIONS:** Russians have greater health-related work impairment than adults in US and SEU. The incremental burden of obesity, T2D, and CV conditions in Russia appears to differ from the US and SEU, being relatively small for obesity but greater for T2D and CV conditions. These differences highlight the importance of country-specific information for these markets.

## PCV101

## JAPANESE PATIENTS AND PHYSICIANS PREFERENCES FOR ANTICOAGULANTS USE IN ATRIAL FIBRILLATION - RESULTS FROM A CONJOINT-ANALYSIS STUDY

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Anticoagulants are recommended for stroke prevention in atrial fibrillation (AF), unfortunately they also increase the risk of bleeding. For this reason, physicians face benefit-risk trade-offs when prescribing anticoagulants to AF patients. Although the unmet medical need for safer anticoagulants has been documented, the actual patients and physicians preferences for outcomes associated with anticoagulants are yet to be documented. **OBJECTIVES:** To quantify Japanese patients and physicians preferences for benefits and risks associated with the use of anticoagulants in AF and to enable cross-patient and physician comparison. **METHODS:** Patients ≥45 years old with a self-reported physician diagnosis of AF, and board-certified internists, cardiologists, neurologists and neurosurgeons currently treating AF patients were invited to complete a web-enabled, choice-format conjoint survey that included a series of trade-off questions. Each trade-off question included a pair of hypothetical anticoagulants defined by therapy-induced changes in the risk of stroke, myocardial infarction, embolism, and bleeding. In addition, respondents were asked to revisit their anticoagulant choice based on the risk of all-cause death and on the monitoring requirement. Patients were asked to choose anticoagulants for themselves, while physicians chose anticoagulants for virtual patients. Random-parameters logit was used to estimate a relative preference weight for the risk of each event based on respondents' choices in the trade-off questions. **RESULTS:** A total of 152 patients and 164 physicians completed the survey. Overall patients and physicians considered all-cause death to be the least desirable outcome. Among non-fatal outcomes, patients considered the risk of disabling stroke to be 2.6 times more important than extra-cranial major bleeding and 16 times more important than non-major clinically relevant bleeding compared to 1 time and 2.7 times for physicians. **CONCLUSIONS:** Japanese patients and physicians have different preferences for non-fatal outcomes associated with anticoagulants, with patients willing to tolerate a greater risk of bleeding for stroke prevention than physicians.

## PCV102

## CHARACTERISTICS INFLUENCING JAPANESE ATRIAL FIBRILLATION PATIENTS PREFERENCES FOR ANTICOAGULANTS USE

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Although effective for stroke prevention in atrial fibrillation (AF), anticoagulants increase the risk of bleeding. The relative importance of benefits and risks associated with anticoagulants is influenced by various factors and has mostly been documented only in physicians. **OBJECTIVES:** To identify patients characteristics influencing the relative importance of non-fatal outcomes associated with anticoagulants. **METHODS:** Data from a choice-format conjoint survey asking AF patients to choose between hypothetical anticoagulants were used to estimate importance weights for non-fatal outcomes associated with anticoagulants. The influence of patients characteristics was tested by evaluating the significance of interactions between importance weights and age, gender, prior use of anticoagulants, personal history of stroke, family history of stroke and personal or family history of bleeding. **RESULTS:** A total of 152 patients completed the survey. Only two patients characteristics significantly influenced the relative importance of non-fatal outcomes associated with anticoagulants. Overall, the least desirable non-fatal outcome was disabling stroke. Using disabling stroke as a reference, patients characteristics such as prior use of anticoagulants increased the relative importance of non-disabling stroke by 48%, major extra-cranial bleeding by 12% and non-major clinically relevant bleeding by 82%. On the other hand, personal or family history of bleeding increased the relative importance of major extra-cranial bleeding by 19% and non-major clinically relevant bleeding by 34% while decreasing the relative importance of non-disabling stroke by 15%. **CONCLUSIONS:** This study documents the impact of patients prior experience on relative importance of non-fatal outcomes associated with anticoagulants. Proper explanation of the benefits and risks of anticoagulants may play a role in patients understanding and